

Effective Team Functioning

The Individualized Family Service Plan (IFSP) is intended to be developed and implemented by a team of people, including the family and community service providers from various agencies. The IFSP process is most effective when all members appreciate the team model that is being used by the majority of the team members. During the IFSP planning process, the team members should engage in an explicit discussion of how the team should "best" operate in order to be most effective.

Team Models

Teams can exist for purposes of assessment, treatment/intervention or evaluation. One team may address all three functions, or new members may be appointed/invited to constitute new teams for different functions or different points in time. Teams appear to operate in predominately one of the following three models.

<p>Multidisciplinary Team:* a group of people who perform tasks (e.g., educational, medical, familial) independent of one another, with individual expertise, and provide services directly to client/family/child with little coordination or consultation with each other.</p>	<p>ADVANTAGES</p> <p>More than one person is providing input. Expertise can be tapped.</p>	<p>DISADVANTAGES</p> <p>No communication between players can result in duplication or gaps in services.</p>
<p>*Note: The Federal requirement for Multidisciplinary Team (MDT) evaluation implies <u>at least</u> this model of team functioning. However, interdisciplinary or transdisciplinary models may be employed for this function.</p>		
<p>Interdisciplinary Team: a group of people who perform tasks independent of one another, with individual expertise, but who coordinate their efforts with one another to maximize the benefits for the client/family/child and minimize the duplication of procedures/services. Coordination usually takes the form of "staffings" and/or meetings generally that include the family</p>	<p>ADVANTAGES</p> <p>Staffings/meetings and synthesized reports reduce likelihood of duplication and overlap in services. Members stay aware of other service provider's goals/priorities. Problem-solving can be pursued with expertise from a variety of players.</p>	<p>DISADVANTAGES</p> <p>For families with high needs, the number of team members can become overwhelming. Schedules for individual sessions/meetings, the individual goals/expectations and different treatment philosophies can burden family and child. Coordination of staffings/meetings are difficult given the number of people and need for larger meeting spaces. Communication between members typically relies on the infrequent staffing/meeting/report or family member as messenger.</p>
<p>*Note: A decision to use an interdisciplinary team model might be based on:</p> <ul style="list-style-type: none"> • Family/child's need for multiple direct providers from an array of disciplines • Child's needs are limited to 1-2 unrelated areas (i.e.: speech, health) • Family/child's needs are limited to 1-2 areas where professional expertise and agency boundaries make role-release less than effective/efficient service (i.e.: speech, child 		

<p>protective services)</p> <ul style="list-style-type: none"> Child's needs are limited to few domains and staffing and scheduling are not a challenge for agencies employing the needed providers. 		
<p>Transdisciplinary Team: a group of people who perform tasks collaboratively by sharing not only information, but roles. Mutually agreed upon priority goals are developed and information, knowledge, and skills are transferred across disciplinary boundaries. Periodic staffings/meetings and frequent consultations (monthly at least) provide opportunities for exchange of information and training as various members assume a primary facilitator role for addressing the goals. All team members are considered 'active' and must be available to meet with others on the team at least monthly and to deliver service directly as needed. Direct service by other members can continue but less frequently, if the primary facilitator(s) is/are capable of addressing those discipline-related needs.</p>	<p>ADVANTAGES</p> <p>For families/children with many needs, the number of people providing direct service to family and child is limited and manageable for family. For families/children with needs in only 1-2 areas, the primary need could be addressed more intensively. Family members are viewed as capable team members and supported in their efforts to address goals. Encourages focus on priority goals only at any one time. Attention to child as whole is achieved by integrating services into functional activities and provision by fewer providers.</p>	<p>DISADVANTAGES</p> <p>Determining "primary" provider for a family/child with more needs can be challenging. For larger teams, establishing frequent communications for exchange of information can be challenging and require a shift away from exclusive use of face-to-face dialogue. Members must have expertise to share and know how to coach others to do as they would do. Since members may not always trust others to address what they believe is their area of expertise, gaps in service can occur. Primary providers with limited experiences or training may feel overwhelmed and provide ineffective services. Family needs may be a challenge for one provider who has more child expertise.</p>
<p>*Note: Decisions to use a transdisciplinary team model might be based on:</p> <ul style="list-style-type: none"> Parent request/need for fewer providers or more integrated services Limited/restricted access to specialized providers in region (i.e.: SLP, PT, OT, Nurse) due to distance or staffing Slow/intermittent progress due to health status or family stressors Priority goal(s) for period of time necessitates intensive attention by one discipline (i.e.: PT following surgery) Developmental delays are limited to primarily 1-2 integrated domains (i.e.: speech-cognition or movement-adaptive) Team members ability to meet regularly (electronic or face-to-face) to share expertise and consult 		

Team Functioning Requires:

- Up-to-date knowledge and skill in own discipline
- Knowledge of each other's expertise/past experiences
- Time together to develop at least adequate work relationships based on trust and respect

- Systematic (known, routine, flexible) communication
 - Face-to-face
 - Written
 - Electronic
- Mutually-agreed upon goals/agenda for every contact/interaction
- Willingness of all members to focus on the family/child's needs and not their own agenda
- Confidence in each member for what they can offer to the team process/goals
- Comfort in asking for help and offering help
- Willingness to ask for clarification
- Capable of occasionally filling in for absent team member on some tasks
- Good communication skills for listening, interviewing, explaining, coaching
- Willingness and skill to engage in mutual problem-solving

Helpful Teaming		
Team Member's Experience is:	Team Member's Attitude or Confidence is:	A Helping Style to use:
Less than yours	Negative or low	Offer help; show them how to do the task. Follow-up and encourage them.
	High	Coach when invited and provide observation and feedback. Sell your ideas by giving rationale for your suggestion.
Same/similar to yours or more than yours	Negative or low	Support/encourage them. Educate them on the why or how of the new task.
	High	Delegate. Collaborate. Problem-solve together.